ENTRY BLANK	
PLEASE TYPE OR PRINT	Entered previous May Sho
✓ Ms. □ Mr. Artist <u>Coleen Cas</u>	yes 🖾 no
Permanent 416 Warwick Street	(Last Name Last)
Address 416 Warwick	ST. Akron
Street	City
4 4305 Tel. (276) Zip Area Code	78 44/73
Zip Area Code Temporary Address	
Street	City
Tel. ()	
Zip Area Code	
Permanent address is in what count	y? Summit
Born in Cuyahoga County	
Collaborator(If Any)	
(If Any)	
If May Show entries are not accepted	ed or not sold:
Artist will pick up at Museum.	
Museum should dispose of.	
Museum should ship to artist C	.O.D. at this address:
Special Instructions When necessary include below instruction the object is to be assembled and d	

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until January 2, 1977.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Colein Cousey

ENTRY BLANKS 1. Paintings 2. Graphics 3. Photography 4. Sculpture 5. Electric 6. Crafts Medium or Materials Title If NFS Only GRAPHICS AND PHOTOGRAPHY ONLY Price Price of Additional No. For Sale Total No. in Edition Unframed Frame ACCEPTED REJECTED DO NOT WRITE IN THIS SECTION 6160 FEE PAID BY □ 1. Paintings □ 2. Graphics □ 3. Photography ☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts Medium or Materials Title Size Price or NFS Insurance Value If NFS Only GRAPHICS AND PHOTOGRAPHY ONLY Price Price of Additional No. For Sale Total No. in Edition Unframed Frame ACCEPTED REJECTED DO NOT WRITE IN THIS SECTION